

79 South Road, Kingswood House Unit 16-17, Bristol BS15 8JF

APPLICATION FORM

Thank you for showing an interest in Patience Company Ltd.

It is important that you read through the attached pack and complete all the necessary information that is relevant to your application post. Also, gather all the supporting documents required for your face-to-face interview.

An applicant must have a valid DBS certificate, or an online Update Service DBS number.

Any applicant not having a current DBS will be required to complete the relevant forms at interview and pay (IN CASH) the current DBS service payment.

Please ensure that you bring as many of the original documents requested to your interview.

Please take the time to complete the form, and return via email to compliance@patiencecompany.com

All data / information supplied, will be treated with the strictest confidence and securely stored on our staff data base in accordance with the Data Protection Act 1998 and the GDPR Act 2018

No supplied information will be passed onto any third parties.

|  |  |
| --- | --- |
| Applicant’s Name |  |
| Position Applying For |  |
| Application Reference Number(To be filled by Administrator) |  |

# Personal Details

|  |  |
| --- | --- |
| Title (Mr, Mrs, Miss, Ms, Doctor…. other) |  |
| Surname/Family Name |  |
| First Name |  |
| Next of Keen |  |
| UK National Insurance Number |  |
| Date of Birth (DD/MM/YYYY) |  |
| Address |  |
| Post / Zip Code |  |
| Country |  |
| Home Telephone Number |  |
| Mobile Telephone Number |  |
| Work Telephone Number |  |
| Preferred Telephone Number | Home [ ]  Mobile [ ]  Work [ ]   |
| Email Address |  |
| Are you a United Kingdom (UK), European Community (EC) or European Economic Area (EEA) National | Yes [ ]  / No [ ]   |

If you have answered “NO” above, you must answer the following questions.

|  |  |
| --- | --- |
| Please select the category that relates to your current immigration status. This status will be subject to checking before interview. | Ancestry Visa [ ]  Biometric Visa [ ]  Tier1/HSMP [ ]  Indefinite leave to remain/enter [ ]  Tier2/HSMP [ ] Dependant/Spouse Visa [ ]  Clinical Visa [ ] Tier4 Student [ ]  Visitor [ ]  Refugee [ ] Tier5 Youth mobility/Working Holiday Visa [ ] Tier5 Temporary Worker [ ]  Other [ ]  Please specify Below |

|  |  |
| --- | --- |
| Does your Visa have a condition restricting employment or occupation in the UK? | Yes [ ]  / No [ ]   |

## Please supply details of any Visa currently held.

|  |  |
| --- | --- |
| Visa Number |  |
| Start Date |  |
| Expiry Date |  |
| Details of any restrictions |  |

Do you hold a full UK driving licence? **Yes** [ ]  **/ No** [ ]

# Medical Questionnaire

|  |  |
| --- | --- |
| GP’s Name |  |
| GP’s Practice Name & Address |  |
| GP’s Practice email address |  |
| GP’s Practice phone number |  |

## Medical History

(Please tick 🗸 your answer)

|  |
| --- |
| Do you have any physical or psychological problems that may affect your performance or ability to do the required job?**Yes** [ ]  **/ No** [ ]  |
| Have you ever been unable to work because of back injuries?**Yes** [ ]  **/ No** [ ]  |
| Have you any pre-existing problems either physical or psychological which have been caused by your job?**Yes** [ ]  **/ No** [ ]  |
| Do you require any special assistance because of Health problems?**Yes** [ ]  **/ No** [ ]  |
| Are you currently waiting for treatment for any ailment?**Yes** [ ]  **/ No** [ ]  |
| Are you pregnant?**Yes** [ ]  **/ No** [ ]  |
|  If you have answered yes to any of the questions above, please provide more information: |  |

## Hepatitis B dose dates

|  |  |
| --- | --- |
| **Dose** | **Date (DD/MM/YY)** |
| 1st Course**Yes** [ ]  **/ No** [ ]  |  |
| 2nd Course**Yes** [ ]  **/ No** [ ]  |  |
| 3rd Course**Yes** [ ]  **/ No** [ ]  |  |
| **Booster dates** |
| 1st Course**Yes** [ ]  **/ No** [ ]  |  |
| 2nd Course**Yes** [ ]  **/ No** [ ]  |  |
| 3rd Course**Yes** [ ]  **/ No** [ ]  |  |
| Hep B titre level > 100**Yes** [ ]  **/ No** [ ]  |  |
| Have you received a BCG (TB) vaccination?**Yes** [ ]  **/ No** [ ]  |
| If you answered NO to the above question, do you have a GP certificate of a positive scar or a record of a positive skin result? **Yes** [ ]  **/ No** [ ]  |
| Have you had the MMR (Measles, Mumps & Rubella) vaccination?**Yes** [ ]  **/ No** [ ]  |
| Have you had a Polio vaccination?**Yes** [ ]  **/ No** [ ]  |
| Have you had a Tetanus vaccination?**Yes** [ ]  **/ No** [ ]  |
| Have you had Chicken Pox / Shingles?**Yes** [ ]  **/ No** [ ]  |

## COVID-19 VACCINATION

|  |  |
| --- | --- |
| Dose | DD/MM/YYY |
| Have you had the First Covid-19 Vaccine?Yes [ ]  / No [ ] ***If yes, kindly provide the date*** |  |
| Have you had the Second Covid-19 Vaccine?Yes [ ]  / No [ ] ***If yes, kindly provide the date*** |  |
| Have you had the Covid-19 Vaccine Booster?Yes [ ]  / No [ ] ***If yes, kindly provide the date*** |  |

# Education & Professional Qualifications

All relevant qualifications. Please also indicate subjects currently being studied.

|  |  |  |  |
| --- | --- | --- | --- |
| Subject / Qualification | Place of Study | Grade / Result | Year Obtained |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

# Training Courses Attended

**Indicate the dates if you have attended any of the Mandatory training below:**

|  |  |  |  |
| --- | --- | --- | --- |
| Training | Training Provider | Valid From | Valid Until |
| Manual Handling |  |  |  |
| Basic Life Support |  |  |  |
| Immediate Life Support |  |  |  |
| Food Hygiene |  |  |  |
| Safeguarding Children & Young People (POCA) Level 2 |  |  |  |
| Safeguarding Children & Young People (POCA) Level 3 |  |  |  |
| Protection of Vulnerable Adults (POVA) |  |  |  |
| Medication |  |  |  |
| COSHH |  |  |  |
| Fire Safety |  |  |  |
| Health & Safety |  |  |  |
| RIDDOR / Risk Incident Reporting |  |  |  |
| Violence & Aggression/Challenging Behaviour |  |  |  |
| Information governance, Data Protection & Caldicott Protocol |  |  |  |
| Infection Control (including Clostridium & MRSA) |  |  |  |
| Lone Worker |  |  |  |
| Complaints handling  |  |  |  |
| Mental Capacity |  |  |  |

**Indicate any additional training below.**

|  |  |  |  |
| --- | --- | --- | --- |
| Course Title | Training Provider | Duration | Year Obtained |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

# Employment History (Last ten years).

Please note that we reserve the right, to contact any of your previous employers for a reference before interview. We will also seek details of any performance, conduct and disciplinary procedures you may have been subject to. Please ensure all periods of time are accounted for, and any gaps in employment since leaving education are evidenced. Please include any volunteering roles.

**(You must provide at least two professional employers to be contacted for a reference)**

Employer One

|  |  |
| --- | --- |
| Company Worked for |  |
| From |  |
| Till |  |
| Contact nameFor reference |  |
| Address |  |
| Contact Phone Number |  |
| Contact Email Address |  |
| Job TitleGrade/Band |  | Salary/Rates (£) |  |
| Reason for leaving |  |
| Main Duties:  |

Employer Two

|  |  |
| --- | --- |
| Company Worked for |  |
| From |  |
| Till |  |
| Contact nameFor reference |  |
| Address |  |
| Contact Phone Number |  |
| Contact Email Address |  |
| Job TitleGrade/Band |  | Salary/Rates (£) |  |
| Reason for leaving |  |
| Main Duties:  |

Employer Three

|  |  |  |
| --- | --- | --- |
| Company Worked for |  |  |
| From |  |  |
| Till |  |  |
| Contact nameFor reference |  |  |
| Address |  |  |
| Contact Phone Number |  |  |
| Contact Email Address |  |  |
| Job TitleGrade/Band |  |  | Salary/Rates (£) |  |
| Reason for leaving |  |
| Main Duties:  |

# CHARACTER REFERENCE

Please provide contact information for individuals that can provide a character reference. Please note, this can be from a current/former teacher, as community leader, a colleague, or anyone that knows you from a professional setting. It can not be a family member, friend, or partner.

|  |  |
| --- | --- |
| Contact Name |  |
| Address |  |
| Position Held |  |
| Phone Number |  |
| Email |  |

|  |  |
| --- | --- |
| Contact Name |  |
| Address |  |
| Position Held |  |
| Phone Number |  |
| Email |  |

# MONITORING INFORMATION

*Patience Company Ltd,* recognises the benefits of having a diverse workforce and therefore welcome applications from all sections of the community. In addition to this, under the provisions of the Equality Act 2010, *Patience Company Ltd* are required to demonstrate that their recruitment processes are fair and that they are not discriminating against or disadvantaging anyone because of their age, disability, gender reassignment status, marriage or civil partnership status, pregnancy or maternity, race, religion or belief, sex or sexual orientation. Therefore, a series of questions need to be raised in order to ascertain who is applying for each position and to ensure that no one is being unfairly discriminated against or disadvantaged. The information collected is only used for monitoring purposes in an anonymised format to assist the organisation in analysing the profile and make up of individuals who apply, are shortlisted for and appointed to each vacancy. In this way, they can check that they are complying with the Equality Act 2010.

## Equality Act 2010

The Equality Act 2010 protects people against discrimination on the grounds of their age, sex, disability. marital status, race (including but not limited to colour, nationality, ethnic or national origin), religion, gender, or sexual orientation.

|  |  |
| --- | --- |
| Please indicate your gender | Female [ ]  Male [ ]  Intersexual [ ]  Transgender [ ]  Transexual [ ]  Prefer not to say [ ]  |
| Please indicate your sexual orientation | Bi-sexual [ ]  Heterosexual [ ]  Gay man [ ]  Lesbian [ ]  Other [ ]  Prefer Not to say [ ]  |
| Please indicate the option which best describes your marital status | Married [ ]  Single [ ]  Civil partnership [ ]  Separated [ ]  Divorced [ ]  Widowed [ ]  Prefer not to say [ ]  |

Please indicate your ethnic origin and religion

|  |  |
| --- | --- |
| Asian or Asian British | Bangladeshi [ ]  Indian [ ]  Pakistani [ ] Any other Asian background [ ] Prefer not to say [ ]  |
| Black or Black British | African [ ]  Caribbean [ ]  Any other black background [ ]  Prefer Not to say [ ]  |
| Mixed | White& Asian [ ]  White& Black African [ ]  White & Black Caribbean [ ]  Any other mixed background [ ]  Prefer not to say [ ]  |
| White | British [ ]  Irish [ ]  Any other white background [ ]  Prefer not to say [ ]  |
| Other | Chinese [ ]  European [ ]  Any other ethnic group [ ]  Prefer not to say [ ]  |
| Please indicate your religion or faith | Atheism [ ]  Buddhism [ ]  Christianity [ ]  Hinduism [ ]  Islam [ ]  Jainism [ ]  Jedi [ ]  Judaism [ ]  Sikhism [ ]  Other [ ]  Prefer not to say [ ]  |

##  Equality Act

The Equality Act 2010 protects disabled people - including those with long term health conditions, learning disabilities and so called "hidden" disabilities such as dyslexia. If you tell us that you have a disability, we can make reasonable adjustments to ensure that any selection processes - including the interview - are fair and equitable.

|  |  |
| --- | --- |
| Do you consider yourself to have a disability | Yes [ ]   No [ ]   I do not wish to disclose this information [ ]   |
| Please state the type of impairment which applies to you | Physical impairment [ ]  Sensory impairment [ ] Mental health condition [ ]  Learning disability [ ]  Other [ ]  Not applicable [ ]   |